

### Straightforward retirement solutions.

Leverage 401kInABox™ comprehensive plan design and administration services with the ease of a web-based application to start saving for your retirement today.

### We take the guesswork out of retirement readiness.

We make it easy to save for retirement with customizable features on safe harbor 401(k) plans. And we give you the flexibility to select your preferred investment partner.

### Are you ready to start saving for retirement?

With more than 50 years of industry experience, our talented staff delivers the most cost-effective solution for setting up IRS/DOL compliant 401(k) plans.

#### Safe Harbor 401(k) Plan Features

- Employer contributions 100% vested
- Employees contribute IRS maximum
- Roth option available
- Flexible investment options
- Loan options available
- Not subject to ADP/ACP discrimination testing

#### Safe Harbor 401(k) is right for you if you want:

- To simplify administration
- To contribute without discrimination testing
- To make fixed/matched employer contributions

#### 401kInABox™ Benefits

- Web-based solution for micro plans
- Access to preferred investment vendors
- Competitive pricing

Fee Schedule	
Plan illustration and consultation	\$99*
Initial setup	\$499
Conversion	\$499
Annual administration, including filing of IRS Form 5500-SF	\$499
<b>Additional Services (if applicable)</b>	
Annual per participant	\$10
Distribution processing paid by employee	\$125
Loan processing paid by employee	\$125
Form 5558 Extension	\$99
If census and asset data is not received by June 28th of the following year	\$99
Plan document maintenance	\$125
Plan termination	\$699
* This fee is applied to the Initial Setup when you sign up, but it is waived for clients who are working with a Financial Advisor.	

## Election Form

Directions: Email completed paperwork to [sales@401kinabox.net](mailto:sales@401kinabox.net).

TPA Sales Rep

Financial Advisor

Business Name

Address

City  State  Zip

Phone  Email

Entity      S Corporation      LLP      Sole Proprietor      Tax Exempt  
                  C Corporation      LLC      Partnership      Other

# SAFE HARBOR PLAN

## Primary Contacts

Type	Name	Email Address

## Other Contacts

Would you like to copy your Financial Advisor and/or CPA on any of our documents and reports?

Yes No

Type	Name	Email Address

## Ownership Information

First Name	Last Name	Ownership

## Trustee Information

First Name	Last Name

Fiscal Year End

Business Code (SIC)

[View Business Codes](#)

EIN

[IRS Form](#)

[Instructions](#)

Approximate Number of Employees

Assets of existing Plan *(if any)*

Approximate annual contributions

Do you own any other company?

Yes

No

Ownership Percentage on the other business(s)

Has your company ever had a qualified plan, such as another 401(k), Defined Benefit, Cash Balance, etc.?

Yes No

When would you like to make the Plan effective?

January 1<sup>st</sup> of the next year

As soon as possible

Plan Name

Plan Year End

What age would you like your employees to reach before they can join the plan?

21 18

How many months would you like your employees to work for the company before they can join the plan?

0 (Immediate) 1 3 6 12

Do you want to require employees to work a number of hours before becoming eligible?

No Hours (Immediate)

Yes. They need to work 1000 hours to be eligible *(this option only available if you select 12 months wait)*

Once your employees are eligible to join the plan, they can start making and earning contributions.

Immediately

On the 1st day of the next month

On the 1st day of the next quarter

Semi-annually: 1st day of Plan Year or 1st day of 7th month *(for example 1/1 and 7/1)*

Will the plan automatically withhold deferrals from compensation for eligible employees who do not elect otherwise for deferrals for deferrals?

Yes, by 6% of compensation for each payroll period

No

If deferrals will automatically be withheld, will the plan allow for escalation of the automatic deferral amount?

Yes, by 1% per year with a maximum of 10% deferred

No

Would you like to include the following options?

**Rollover Contributions** *(Eligible participants can rollover balances from prior employer's plan or IRA into your account.)*

**Roth Deferrals** *(Taxes will be withheld from deferrals (future distributions) and current distributions are tax-free.)*

Choose the Type of Safe Harbor Contribution:

**Safe Harbor Non-Elective Contribution** *(All eligible participants will receive 3% of their compensation.)*

**Safe Harbor Matching Contribution** *(All eligible participants will receive up to 100% of their deferrals (up to 3% of their compensation) and 50% of their deferrals (between 3% and 5% of their compensation)).*

## Certificate of Corporate Resolutions of

---

The undersigned Secretary of \_\_\_\_\_ (the "Company") certifies that the following resolutions were adopted by unanimous written consent of the Board of Directors (the "Board") of the Company in lieu of a special meeting of the Board, and that these resolutions are effective as of \_\_\_\_\_ notwithstanding the date this certificate is signed.

Resolved, that the form, terms and provisions of the \_\_\_\_\_ (the "Plan"), in the form attached hereto, be, and hereby are, approved, adopted, ratified and confirmed in their entirety.

Resolved, that the executive officers of the Company be, and each of them acting alone (each an "Authorized Officer") hereby is, authorized to execute, deliver and cause the performance of, in the name of and on behalf of the Company, the Plan to which the Company is a party, the execution and delivery thereof to be conclusive evidence of the approval and ratification thereof by the Board; and the acts of each Authorized Officer in connection therewith are hereby approved, authorized and ratified as acts of the Company.

Resolved, that the Authorized Officers be, and each of them acting alone hereby is, authorized and instructed to take such actions and execute and deliver on behalf of the Company such other documents, agreements, contracts, certificates, statements and/or instruments as each such Authorized Officer determines, acting in good faith, are necessary or desirable to accomplish the execution, delivery and performance of the Plan to which the Company is a party.

Resolved, that all actions taken by the Authorized Officers prior to the date hereof with respect to the drafting, negotiation, finalization, delivery and execution of the Plan and the Administrative Policies which are within the authority conferred hereby be, and all such actions hereby are, approved, authorized and ratified.

---

**Corporate Secretary**

---

**Date of Execution**